

Wilson APPLICATION COLLEGE INTERN PROGRAM

Name: _____

Preferred Name: _____

Permanent Address: _____

Home Telephone: _____ **Date of Birth:** ____/____/____

Social Security #: _____

College or University you attend: _____

Year in School: (Must have completed freshman year): _____

School Address: _____

Telephone: _____

Cell: _____

Email Address: _____

PARENTS/GUARDIANS Name/Address/Phone(home, work, cell/pager)

Occupational experience- Present to Previous:

Extra-Curricular Activities:

Honors, Scholarships, Fellowships:

Letters of Recommendation: Name, Address, Phone

1. _____
2. _____
3. _____

How did you learn about Congressman Wilson's internship program?

Please explain why you desire to be appointed as an Intern:

Give a brief biographical sketch:

_____ **SIGNATURE** _____ **DATE**

Please fax or mail the completed form to the appropriate office. Thank you!

Washington, D.C. Office
Congressman Joe Wilson
C/O Tia Williams
212 Cannon House
Office Building Washington, DC 20515
Fax: 202-225-2455

Midlands Office
Congressman Joe Wilson
C/O Millie Powell
1700 Sunset Blvd, Suite 1
West Columbia, SC 29619
Fax: 803-939-0078

Lowcountry Office
Congressman Joe Wilson
C/O Ted Felder
903 Port Republic Street,
Beaufort 29902 Fax: (843) 521-2535